

My Asthma Action Plan

I will have my health care provider fill this out with me.

Patient Name _____ Weight _____ Date of Birth _____ Peak Flow _____

Health Care Provider Name _____ Phone _____

Health Care Provider Clinic Name _____

Symptom Triggers _____

Asthma Severity

Nurse First Asthma Program phone number: 1-800-330-7847

Green Zone "Go! All Clear!"



- Breathing is easy
- Can play, work and sleep without asthma symptoms

Peak Flow Range
(80% - 100% of personal best)

The **GREEN ZONE** means take the following medicine(s) every day.

Controller Medicine(s)

Dose

Spacer Used _____

Take the following medicine if needed 10-20 minutes before sports, exercise or any other strenuous activity.

Yellow Zone "Caution..."



- Breathing is easy
- Cough or wheeze
- Chest is tight

Peak Flow Range
(50% - 80% of personal best)

The **YELLOW ZONE** means keep taking your GREEN ZONE controller medicine(s) every day and add the following medicine(s) to help keep the asthma symptoms from getting worse.

Reliever Medicine(s)

Dose

If beginning cold symptoms, call your provider before starting oral steroids.

Use Quick Reliever (two - four puffs) every 20 minutes for up to one hour or use nebulizer once. If your symptoms are not better or you do not return to the GREEN ZONE after one hour, follow RED ZONE instructions. If you are in the YELLOW ZONE for more than 12-24 hours, call your provider. If your breathing symptoms get worse, call your provider.

Red Zone "STOP! Medical Alert!"



- Medicine is not helping
- Nose opens wide to breathe
- Breathing is hard and fast
- Trouble Walking
- Trouble Talking
- Ribs show

Peak Flow Range
(Below 50% of personal best)

The **RED ZONE** means start taking your RED ZONE medicine(s) and call your provider NOW! Take these medicines until you talk with your provider. If your symptoms do not get better and you can't reach your provider, go to a **hospital emergency department or call 911 immediately.**

Reliever Medicine(s)

Dose
